IAP11 Rec'd PCT/PTO 14 JUL 2006

**DOCKET NO.: CIPH-0021** 

# **Application Data Sheet**

### **Application Information**

Application number:	
Filing Date:	
Application Type:	Regular
Subject Matter:	Utility
Suggested Classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R:	None
Number of CD Disks:	
Number of copies of CDs:	
Sequence Submission?	
Computer Readable Form (CRF)?	
Number of Copies of CRF:	
Title:	SPECIFIC DETECTION OF TROPONIN AND
	MODIFIED FORMS OF TROPONIN
Attorney Docket Number:	CIPH-0021
Request for Early Publication:	No
Request for Non-Publication:	No
Suggested Drawing Figure:	1
<b>Total Drawing Sheets:</b>	6
Small Entity?:	Yes
Latin name:	
Variety denomination name:	
Petition included?:	No
Petition Type:	
Licensed US Govt. Agency:	
Contract or Grant Numbers:	
Secrecy Order in Parent Appl.?:	No

DOCKET NO.: CIPH-0021 PATENT

### **Applicant Information**

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States of America
Status:	Full Capacity
Given Name:	Tai-Tung
Middle Name:	
Family Name:	Yip
Name Suffix:	
City of Residence:	Cupertino
State or Province of Residence:	California
Country of Residence:	United States of America
Street of mailing address:	1532 Aster Court
City of mailing address:	Cupertino
State or Province of mailing address:	California
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	95014

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States of America
Status:	Full Capacity
Given Name:	Eric
Middle Name:	T.
Family Name:	Fung
Name Suffix:	
City of Residence:	Mountain View
State or Province of Residence:	California
Country of Residence:	United States of America
Street of mailing address:	440 Whisman Park Drive
City of mailing address:	Mountain View
State or Province of mailing address:	California
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	94043

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#### **Correspondence Information**

**Correspondence Customer No.:** 

53613

Name:

Street of Mailing Address:

City of Mailing Address:

State or Province of Mailing Address:

Country of Mailing Address:

Postal or Zip Code of Mailing

Address:

Phone number:

Fax number:

### Representative Information

Representative Customer No.:

53613

#### **Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application	An application claiming	60/536,913	January 16, 2004
	the benefit under 35 USC		
	119(e)		

### **Foreign Priority Information**

Country:	Application No.:	Filing Date:	Priority Claimed:	l
				i

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## **Assignee Information**

Assignee name:	Ciphergen Biosystems, Inc.
Street of mailing address:	6611 Dumbarton Circle
City of mailing address:	Fremont
State or Province of mailing address:	California
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	94555